

Application Number InformationApplication Number: **10/709215****Assignments**Filing or 371(c) Date: **04/22/2004** eDanEffective Date: **04/22/2004**Application Received: **04/22/2004**Pat. Num./Pub. Num: **/20050246059**Issue Date: **00/00/0000**Date of Abandonment: **00/00/0000**

Attorney Docket Number:

Status: **41 /NON FINAL ACTION MAILED**Confirmation Number: **3214**Title of Invention: **MLS-HYDROXYL FILLING STATION (MLS-HFS)**Examiner Number: **80563 /LEVKOVICH, NATALIA**Group Art Unit: **1797****IFW Madras**

Class/Subclass:

700/266.000Lost Case: **NO**

Interference Number:

Unmatched Petition: **NO**L&R Code: Secrecy Code:1Third Level Review: **NO**

Waiting for Response

Desc.

Mail Non FinalSecrecy Order: **NO**Status Date: **09/10/2007**

Bar Code	PALM Location	Location Date	Charge to Loc	Charge to Name	Employee Name	Location
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To:
Natalia A Levkovich
Examiner
Art Unit 1743
Phone: 571-272-2462

And/Or
Jill Warden
Supervisory Patent Examiner
571-272-1267

Both at Techonlogy Center 1700
Fax: 571-273-8300

From:
Stephen F. Meyer (Meyer, Stephen Foster)
12 N Meadow Lane
Golden Valley, MN 55422
Home 612-377-9896
Office Phone: 612-374-1609
Office Fax: 612-374-1635
Cell Phone: 612-715-1401
Web: appli-tech@msn.com

Ref. Application No. 10/709215, Filing Date 04/22/2004
Our file name: LevkovichPatNov8_7Claim

Dear Natalia:

As per your office action summary, detailed Action... Claim Objections on page 2. Please cancel the claim(s) as written in my patent application. I will rewrite the claim(S) with the proper dependent form. Can you send me examples of the format needed and is their a way to file my changes with you on line

Sincerely,
Stephen F. Meyer